



PARENT & TOT

SPRING 2010

SKATE CANADA PARENT
SKATE CANADA SKATER
OFFICE REGISTRATION

INSTRUCTIONS:

1. Proof of age is required for all **new** members (health card, birth certificate or passport).
2. A form is required for each skater/child.
3. ALL applicable information **MUST** be completed (including phone number & e-mail).
4. The release **MUST** be signed by a parent and/or legal guardian.
5. Cheque, cash or debit for the full amount **MUST** be submitted with this registration form.

PLEASE PRINT – THIS PORTION MUST BE COMPLETED IN FULL

Sex: Male Female

Last Name: _____ Date of Birth: Month _____ Day _____ Year _____ Initial _____

First Name: _____ Middle Initial: _____ Did you skate with KWSC in the past year? **Yes** **No**

Address: _____ **If yes**, which season(s)? (Please Circle)

_____ Pre Season (Sept 2009) Fall 2009 Winter 2010

City: _____ Postal Code: _____ Summer 2009 Spring 2009

Email: _____

Phone: _____

Please Initial Here:	Medical and/or Special Needs Information
	Please detail any medical, learning or physical condition(s). Example: hearing disorder, vision impairment, ADD/ADHD, asthma.

	Please contact Tara Dilgert, Membership Services (519-886-5972 ext 221) to communicate any specific instructions to help us provide a positive program experience.

RELEASE FORM – MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 18

1. Members and parents or legal guardians of members agree to hold KWSC, its Officers and Directors and their heirs and assigns, **free and blameless of any damage, accident or injury** which may occur to the member while participating in skating lessons, fitness classes, exhibitions, carnivals, competitions, tests, and traveling to or from such sessions, exhibitions, carnivals or tests.
2. The skater understands that he/she is responsible for ensuring his/her personal safety on the skating sessions. The skater will not enter onto the ice surface without first identifying a Club Professional Coach in attendance at the ice area.
3. The undersigned acknowledges that they have read and agree to abide by the policies and procedures as outlined in the "Financial Information" section of the Recreational Brochure, including the KWSC Refund Policy.
4. The undersigned gives consent for KWSC coaches and trainers to seek medical advice from either Waterloo Sports Medicine Center with regards to the skater's injury. Prior to any medical treatment administered approval from Parent/Legal Guardian will be obtained.

(PIPEDA) Personal Information Protection and Electronic Documents Act - The Kitchener Waterloo Skating Club would like to assure you that any information collected regarding the enrolment and payment for you or your family members will be kept private and confidential, and uses only for its intended purposes. All information will be stored in a secure manner in accordance with the Personal Information and Electronic Documents Act.

The Kitchener Waterloo Skating Club at no time will sell, lend or give your personal information to any group or person. This includes List Brokers, Mail Orders, Businesses, Telemarketers or other companies who would use it to sell their services or products.

Please Note: If you have completed any application for you and your family or anyone else you represent your representation implies you have obtained consent from them, even though they may not be present during the application process, for the Identified Purposes.

Name (Please Print) _____

Signature _____

Date _____

PARENT AND TOT PROGRAM

In order to register for this program, tots must be 2 -3 years of age by April 1, 2010. The accompanying adult is required to pay the \$31.00 Skate Canada Membership Fee for insurance purposes; therefore the same adult must accompany the tot each week. The accompanying adult must have competent skating abilities and must be able to assist the tot throughout the lesson.

Days Offered	Time	Location	Dates	Fee	Choice
Friday	6:00 pm – 6:45 pm	Sportsworld	April 16 – June 11	\$ 100	X
Sunday	2:45 – 3:30 pm	RIM Park: CFSC	April 11 – June 13	\$ 100	X

Plus Skate Canada Fee (see below) if applicable

Accompanying Adult information (must be 18 years of age or older):

Last Name: _____ First Name: _____

Phone Number: _____ Date of Birth: Month _____ Day _____ Year _____

Signature: _____

PUBLICITY CONSENT

It is the desire of the Kitchener-Waterloo Skating Club to use our skaters' photographs, interviews and videos to promote their skating successes on our website, as well as through media releases for television and newspapers.

Consent: I (parent or guardian) give permission to the KWSC to publish _____ (print skater's name) name and/or photograph for the purpose of Club advertisement and promotion. I (parent or guardian) am aware that these names and/or photographs may be used on the club's website or sent to the media. I (parent or guardian) understand the nature and purpose of this consent. This consent will remain in effect from Sept 1/09 – Aug 31/10.

Signature: _____ (parent or guardian if under 18) Date: _____

As a courtesy, if you have chosen not to give your permission, the skater should excuse themselves when group photos are being taken.

FEES

1. Program Fee: \$ 100.00

Add if applicable:

2. Skate Canada Fee of \$31.00: \$ _____ for skater

3. Skate Canada Fee of \$31.00: \$ _____ for accompanying adult

The Skate Canada fee for both the skater & parent is required to be paid with this registration unless you skated in a Fall 2009 or Winter 2010 KWSC program. This fee is paid once per membership year (Sept 1/09 – Aug 31/10).

Total Amount Remitted: \$ _____